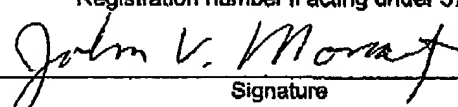


WEMMH PTO/SB/22 (7/05)

Approved for use through 7/31/2008. OMB 0851-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional) 16616-4	
Application Number	09/993,200	Filed	11/6/2001
For	DOOR LOCK		
Art Unit	3676	Examiner	G. Estremsky
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ <u>1020</u>
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		05/24/2006 TL0111	00000055 09993200
<input type="checkbox"/> A check in the amount of the fee is enclosed.		02 FC:1253	1020.00 OP
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> Applicant/Inventor.			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>26,207</u>			
<input checked="" type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____			
		<u>23 MAY 2006</u>	
Signature		Date	
John V. Moriarty		(317) 634-3456	
Typed or Printed Name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.			
<input checked="" type="checkbox"/> *Total of _____ forms are submitted.			

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WEMMH #44057 (Rev. 7/05)